



**COMMERCIAL ARBITRATION RULES
DEMAND FOR ARBITRATION**

Mediation: If you would like the AAA to contact the other parties and attempt to arrange a mediation, please check this box ☐.
There is no additional administrative fee for this service.

You are hereby notified that a copy of our arbitration agreement and this demand are being filed with the American Arbitration Association with a request that it commence administration of the arbitration. The AAA will provide notice of your opportunity to file an answering statement.

Name of Respondent: **Skybell Technologies, Inc.**

Address: **1 Jenner, Suite 100**

City: **Irvine**

State: **California**

Zip Code: **92618**

Phone No.: **(407) 856-2637**

Fax No.:

Email Address: **ronald.garriques@skybell.com**

Name of Representative (if known):

Name of Firm (if applicable):

Representative's Address:

City:

State: **Select...**

Zip Code:

Phone No.:

Fax No.:

Email Address:

The named claimant, a party to an arbitration agreement which provides for arbitration under the Commercial Arbitration Rules of the American Arbitration Association, hereby demands arbitration.

Brief Description of the Dispute:

Breach of contract. See attached statement of claim.

Dollar Amount of Claim: **\$ \$250,000**

Other Relief Sought: ☒ Attorneys Fees ☒ Interest ☒ Arbitration Costs ☐ Punitive/Exemplary

☐ Other:

Amount enclosed: **\$ 2,900**

In accordance with Fee Schedule: ☐ Flexible Fee Schedule ☒ Standard Fee Schedule

Please describe the qualifications you seek for arbitrator(s) to be appointed to hear this dispute:

Hearing locale: **New York City**

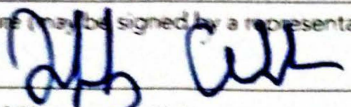
(check one) ☐ Requested by Claimant ☒ Locale provision included in the contract



AMERICAN
ARBITRATION
ASSOCIATION

INTERNATIONAL CENTRE
FOR DISPUTE RESOLUTION

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Estimated time needed for hearings overall: 2			hours or	days
Type of Business:				
Claimant: Investment banking, investment advisory services			Respondent: Home security	
Are any parties to this arbitration, or their controlling shareholder or parent company, from different countries than each other?				
No				
Signature (may be signed by a representative):			Date:	
			9/9/22	
Name of Claimant: INTE Securities, LLC and Nathan Low				
Address (to be used in connection with this case): 152 West 57th Street, 19th Floor				
City: New York		State: New York		Zip Code: 10019
Phone No.: (212) 421-1616		Fax No.:		
Email Address: nathan@sunrisecorp.com				
Name of Representative: Jeffrey Chubak				
Name of Firm (if applicable): Amini LLC				
Representative's Address: 131 West 35th Street				
City: New York		State: New York		Zip Code: 10001
Phone No.: (212) 490-4700		Fax No.:		
Email Address: jchubak@aminillc.com				
To begin proceedings, please file online at www.adr.org/fileonline . You will need to upload a copy of this Demand and the Arbitration Agreement, and pay the appropriate fee.				